



Safety Environmental Laboratories and Consulting, Inc.

989 Yeager Pkwy.
Pelham, AL 35124

Phone: (205) 823-6200
Fax: (205) 823-9066

Environmental, Health, and Safety Solutions

Chain of Custody Form

Customer: _____
Address: _____
Phone: _____ Fax: _____
E-mail: _____

Project Number: _____
Project Name: _____
Project Location: _____
PO Number: _____

SELCC Proj. #: _____

Sample Type Water Other

	Potable Water	Non-Potable Water
Tests/Analytes	<input type="checkbox"/> Legionella	<input type="checkbox"/> Legionella
	<input type="checkbox"/> Pseudomonas A	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Turn Around Time Standard Other Call Lab

Sample #	Date Sampled	Time Sampled	Sample Location	Volume	Potable	Non-Potable	SELCC USE ONLY	
							#	Cond
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
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					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		
					<input type="checkbox"/>	<input type="checkbox"/>		

Sampled By:
Signature

Relinquished by:			Received By:		
Signature	Date	Time	Signature	Date	Time